American Information Resource Center (AIRC), Chennai Application Form for Individual Membership

Please Write in Block Letters

Name:				
Last N	lame (Surname/Family	Name)	First Name (Given Name)	
Title: Ms./Mr./[Dr./Prof.			
Occupation:		Designation:	Year of Birth:	
For Students:				
Class:		Subjects:		
Residential Addres	s:			
Office/Institution A	address:			
Phone:	(Res)	(Off) Mobile	e:	
Fax:		Email: _		
(Please √ as approp	priate)			
Preferred Mailing A	ddress: Home	Office		
Have you been to t	the United States?	Yes / No		
If Yes, Please State	e: Academic	Non-Academic		
Did you visit the U	.S. under any special p	rogram? Please State	2	
Subjects of Interes	st (Please specify):			
I hereby apply for agree to comply wi		f membership in the	American Information Resource Center, and	
Date:			Signature:	

American Information Resource Center (AIRC), Chennai Application form For Institutional Membership

Please Write in Block Letters

Institution:	
Address:	
Phone: Fax:	
Email:	
Nature of Activities:	
Subjects of Interest:	
Head of the Organization:	
Name of Contact Person:	_ Designation:
We hereby apply for membership in the American Inform comply with the rules.	ation Resource Center, Chennai and agree to
Signature:	Date:
Name & Designation:	
Official Seal	For AIRC, Chennai Use only:
	Barcode Nos:
	Valid Until: